

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10-030,485

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5		1					55						
6	1	5					56						
7		15					57						
8		51					58						
9		15					59						
10	1	5					60						
11	1	5					61						
12		51					62						
13	1	5					63						
14		51					64						
15	1	5					65						
16	1	5					66						
17		15					67						
18		51					68						
19		15					69						
20	1	5					70						
21	1	5					71						
22	1	5					72						
23		1					73						
24							74						
25							75						
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40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	10						TOTAL IND.						
TOTAL DEP.	13						TOTAL DEP.						
TOTAL CLAIMS	23						TOTAL CLAIMS						